

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18492

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5217**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hosp.		Length of stay in lb 2-wks.	d. STREET ADDRESS 3632 LAFAYETTE (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First A. Middle L. Last Browne			4. DATE OF DEATH Month JUNE Day 2 Year 1957		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25, 1888		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Vice-President Railway Manfg.		10b. KIND OF BUSINESS OR INDUSTRY Railway Manfg.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Patrick Browne			14. MOTHER'S MAIDEN NAME Catherine Farrelley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Wilma Browne, 3632 Lafayette Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Gastric Ulcer - with Hemorrhage 14 days					INTERVAL BETWEEN ONSET AND DEATH unk unk
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) — 420.0			
20c. TIME OF INJURY Hour — Month — Day — Year — a. m. — p. m. —		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —			
20f. CITY, TOWN, OR LOCATION St. Louis, Missouri		20g. COUNTY St. Louis, Missouri			
21. I attended the deceased from 5/18/57 to 6/2/57 and last saw her alive on 6/2/57 Death occurred at 6:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert S Warner MD (Degree or title)			22b. ADDRESS 1115 Paul Buny Bldg		22c. DATE SIGNED June 3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3840 Lindell	25. DATE REC'D. BY LOCAL REG. JUN 3 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD m 85

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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56th,
fare
lic
vice00
56
of
of

11:30 to 3 p.m.

St. Louis

St. Anthony's Home - S. Kings

PHONE

I.

Jan 27 1888

St. Louis, Missouri

Interment

Interment

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em- by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Francis Williams*

Licensed Embalmer No. 35

P. O. Address 3842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

1908